PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER                                                                                         | Docket Number (Optional)           |                                                                     |                    |  |  |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------|--------------------|--|--|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                            |                                    | 577172002800                                                        |                    |  |  |
| Application Number 10/007,4                                                                                                  | Filed November 30, 2001            |                                                                     |                    |  |  |
| For DEVICE INDEPENDENT VIDEO ENHANCE                                                                                         |                                    |                                                                     |                    |  |  |
| Art Unit 2192                                                                                                                |                                    | Examiner                                                            | J. D. Rutten       |  |  |
| This is a request under the provisions of 37 CFR identified application.  The requested extension and fee are as follows (or |                                    |                                                                     |                    |  |  |
| The requested extension and lee are as follows (c                                                                            |                                    |                                                                     |                    |  |  |
| One month (37 CFR 1.17(a)(1))                                                                                                | <u>Fee</u><br>\$120                | Small Entity Fee<br>\$60                                            | <u>\$</u>          |  |  |
| Two months (37 CFR 1.17(a)(2))                                                                                               | \$450                              | \$225                                                               | \$                 |  |  |
| Three months (37 CFR 1.17(a)(3))                                                                                             | \$1020                             | \$510                                                               | \$ 1,020.00        |  |  |
| Four months (37 CFR 1.17(a)(4))                                                                                              | \$1590                             | \$795                                                               | \$                 |  |  |
| Five months (37 CFR 1.17(a)(5))                                                                                              | \$2160                             | \$1080                                                              | \$                 |  |  |
| Applicant claims small entity status. See 3                                                                                  | 37 CFR 1.27.                       |                                                                     |                    |  |  |
| A check in the amount of the fee is enclose                                                                                  | ed.                                |                                                                     |                    |  |  |
| Payment by credit card. Form PTO-2038 i                                                                                      | s attached.                        |                                                                     |                    |  |  |
| X The Director has already been authorized                                                                                   | to charge fees in this a           | application to a Dep                                                | osit Account.      |  |  |
| The Director is hereby authorized to charge Deposit Account Number 03-1952                                                   | I have enclose                     | be required, or cred<br>d a duplicate copy of<br>m (PTO/SB/17) is a | of this sheet. Fee |  |  |
| I am the applicant/inventor.                                                                                                 |                                    |                                                                     |                    |  |  |
| assignee of record of the e Statement under 37 CF                                                                            |                                    |                                                                     | <b>6</b> ).        |  |  |
| attorney or agent of record                                                                                                  | . Registration Numbe               | r <u>54,217</u>                                                     |                    |  |  |
| attorney or agent under 37 Registration number if acting                                                                     |                                    |                                                                     | <u></u> .          |  |  |
| locat                                                                                                                        |                                    | Octo                                                                | ber 2, 2006        |  |  |
| Signature                                                                                                                    | Date                               |                                                                     |                    |  |  |
| Adam Keser Typed or printed name                                                                                             | (703) 760-7301<br>Telephone Number |                                                                     |                    |  |  |
| NOTE: Signatures of all the inventors or assignees of record of                                                              | the entire interest or their repr  | •                                                                   |                    |  |  |
| than one signature is required, see below.  Total of 1 forms are sul                                                         | hmitted                            |                                                                     | •                  |  |  |

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PTO/SB/17 (01-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known Complete if Known

| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                                                                                                                                                                                                                                                                    |                                                                                                 |               |                                       |               | Application Number 10/007,437 |             |                                                    |             |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------|---------------------------------------|---------------|-------------------------------|-------------|----------------------------------------------------|-------------|---------------|
| FEE TRANSMITTAL For FY 2006                                                                                                                                                                                                                                                                                                                |                                                                                                 |               | Filing Date November 30, 2001         |               |                               |             |                                                    |             |               |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |               | First Named Inventor Steven O. MARKEL |               |                               |             |                                                    |             |               |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |               | Examiner Name J. D. Rutten            |               |                               |             |                                                    |             |               |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                                                      |                                                                                                 |               |                                       | Art Unit 2192 |                               |             |                                                    |             |               |
| TOTAL AMOU                                                                                                                                                                                                                                                                                                                                 | NT OF PAYMEN                                                                                    | NT (\$)       | 1.020.00                              | $\dashv$      | Attorney Docket               | No.         | 577172002800                                       |             |               |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |               |                                       |               | 7 Money Booket                |             |                                                    |             |               |
| METHOD OF                                                                                                                                                                                                                                                                                                                                  | PAYMENT (cl                                                                                     | heck all that | apply)                                |               |                               |             |                                                    |             |               |
| Check Credit Card Money Order Other (please identify):                                                                                                                                                                                                                                                                                     |                                                                                                 |               |                                       |               |                               |             |                                                    |             |               |
| X Deposit Ac                                                                                                                                                                                                                                                                                                                               | x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP |               |                                       |               |                               |             |                                                    |             |               |
| For the                                                                                                                                                                                                                                                                                                                                    | above-identified                                                                                | deposit acc   | ount, the Dire                        | ctor is       | hereby authorize              | ed to: (che | ck all that apply)                                 |             |               |
| x C                                                                                                                                                                                                                                                                                                                                        | harge fee(s) indi                                                                               | icated below  | 1                                     |               | Charge                        | e fee(s) in | dicated below, ex                                  | cept for ti | he filing fee |
|                                                                                                                                                                                                                                                                                                                                            | Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17               |               |                                       |               |                               |             |                                                    |             |               |
| FEE CALCU                                                                                                                                                                                                                                                                                                                                  | LATION (All th                                                                                  | ne fees be    | low are due                           | upo           | n filing or may               | be subj     | ect to a surcha                                    | rge.)       |               |
| 1. BASIC FILIN                                                                                                                                                                                                                                                                                                                             | G, SEARCH, A                                                                                    | ND EXAMIN     | ATION FEES                            | ;             |                               |             |                                                    |             |               |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                 | FILING        |                                       | SEA           | ARCH FEES                     | EXAM        | NATION FEES                                        |             |               |
| Application Ty                                                                                                                                                                                                                                                                                                                             | ype F                                                                                           |               | nall Entity<br>Fee (\$)               | Fee (\$       | Small Entity Fee (\$)         | Fee (\$)    | Small Entity<br>Fee (\$)                           | Fees F      | Paid (\$)     |
| Utility                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | 300           | 150                                   | 500           | 250                           | 200         | 100                                                |             |               |
| Design                                                                                                                                                                                                                                                                                                                                     |                                                                                                 | 200           | 100                                   | 100           | 50                            | 130         | 65                                                 |             |               |
| Plant                                                                                                                                                                                                                                                                                                                                      |                                                                                                 | 200           | 100                                   | 300           | · 150                         | 160         | 80                                                 |             |               |
| Reissue                                                                                                                                                                                                                                                                                                                                    |                                                                                                 | 300           | 150                                   | 500           | 250                           | 600         | 300                                                |             |               |
| Provisional                                                                                                                                                                                                                                                                                                                                |                                                                                                 | 200           | 100                                   | 0             | 0                             | 0           | 0                                                  |             |               |
| 2. EXCESS CLA                                                                                                                                                                                                                                                                                                                              |                                                                                                 | •             |                                       |               |                               |             |                                                    |             | Small Entity  |
| Fee Description                                                                                                                                                                                                                                                                                                                            |                                                                                                 |               |                                       |               |                               |             |                                                    | Fee (\$)    | Fee (\$)      |
|                                                                                                                                                                                                                                                                                                                                            | r 20 (including l                                                                               |               |                                       |               |                               |             |                                                    | 50          | 25            |
| -                                                                                                                                                                                                                                                                                                                                          | ent claim over 3                                                                                | (including l  | Reissues)                             |               |                               |             |                                                    | 200         | 100           |
| Multiple depend                                                                                                                                                                                                                                                                                                                            | dent claims                                                                                     |               |                                       |               |                               |             |                                                    | 360         | 180           |
| Total Claims                                                                                                                                                                                                                                                                                                                               | Extra Clair                                                                                     | mś <u>Fee</u> | (\$)                                  | Fee F         | Paid (\$)                     | <u>N</u>    | lultiple Depende                                   |             |               |
|                                                                                                                                                                                                                                                                                                                                            | - 28 = 0                                                                                        | x             |                                       |               |                               | <u>F</u>    | <u>ee (\$)                                    </u> | ee Paid (\$ | <u> </u>      |
|                                                                                                                                                                                                                                                                                                                                            | ber of total claims p                                                                           | _             | er than 20.                           |               |                               |             |                                                    |             |               |
| Indep. Claims                                                                                                                                                                                                                                                                                                                              | Extra Clair                                                                                     |               | <u>(\$)</u>                           | Fee F         | Paid (\$)                     |             |                                                    |             |               |
| 3 - 3 = 0 x =<br>HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                                    |                                                                                                 |               |                                       |               |                               |             |                                                    |             |               |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                                                                                 |               |                                       |               |                               |             |                                                    |             |               |
| Total Sheet                                                                                                                                                                                                                                                                                                                                | s Extra                                                                                         | Sheets        | Number of                             | each a        | dditional 50 or frac          | ction there | of Fee (\$)                                        | Fee         | Paid (\$)     |
| - 100 = /50 (round up to a whole number) x =                                                                                                                                                                                                                                                                                               |                                                                                                 |               |                                       |               |                               |             |                                                    |             |               |
| 4. OTHER FEE(S) Fees Paid (\$)                                                                                                                                                                                                                                                                                                             |                                                                                                 |               |                                       |               |                               |             |                                                    |             |               |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00                                                                                                                                                                              |                                                                                                 |               |                                       |               |                               |             |                                                    |             |               |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |               |                                       |               |                               |             |                                                    |             |               |
| SUBMITTED BY                                                                                                                                                                                                                                                                                                                               |                                                                                                 |               |                                       |               | Registration No.              | 54047       | Training                                           | (702) 72    | 0.7204        |
| Signature                                                                                                                                                                                                                                                                                                                                  | an                                                                                              |               |                                       |               | (Attorney/Agent)              | 54,217      | <del></del>                                        | (703) 76    |               |
| Name (Print/Tyne)                                                                                                                                                                                                                                                                                                                          | Adam Kasar                                                                                      |               |                                       |               |                               |             | 1 Date                                             | October     | 2 2006        |

| SUBMITTED BY      |            |                                   |        |           |                 |  |  |  |
|-------------------|------------|-----------------------------------|--------|-----------|-----------------|--|--|--|
| Signature         | anz        | Registration No. (Attorney/Agent) | 54,217 | Telephone | (703) 760-7301  |  |  |  |
| Name (Print/Type) | Adam Keser |                                   |        | Date      | October 2, 2006 |  |  |  |